

# Ashland Park & Recreation Scholarship Application For Ashland Residents

Scholarship Standards based on the State of NH's Childcare Assistance Program

3 Member Family – Monthly income cannot exceed \$1,951

4 Member Family – Monthly income cannot exceed \$2,344

5 Member Family – Monthly income cannot exceed \$2,736

6 Member Family – Monthly income cannot exceed \$3,128

Or

If you feel that you have extenuating circumstances, you may attach a letter to this document detail need.

Parent / Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Household Income \$ \_\_\_\_\_

# Adults Living in Household \_\_\_\_\_ # of Children \_\_\_\_\_

Names & Ages of Children Applying for Aid

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Number of Weeks Desired \_\_\_\_\_

(Note: Number of weeks granted depends on the amount of finances donated through the Adopt-A-Camper Program or raised by the Park & Recreation Committee and the number of applicants. We may not be able to give you the whole time requested.)

Did you receive aid last year? \_\_\_\_\_

(Note: Receiving aid the previous does not deny possible aid the next year.)

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## For Office Use Only

Date Received \_\_\_\_\_ Criteria Met? \_\_\_\_\_

\$ Amount Granted or # weeks given: \_\_\_\_\_

Initials of authorizing authority \_\_\_\_\_